


RIGHT HELP. RIGHT NOW.

Transforming Behavioral Health Care For Virginians

Governor Glenn Youngkin made these remarks at Henrico Doctors' Hospital on December 14, 2022. He was introduced by First Lady Suzanne Youngkin, who shared stories of families affected by fentanyl poisoning, suicide and mental illness. The audience included several members of those families, as well as medical professionals, law enforcement, patient advocates and leaders of Virginia Indian Tribes, state agencies and others.

Thank you, Suzanne. I continue to say that the First Lady makes me better, but she makes us all better, so thank you.

I also want to thank all the families that are here today. You're why we're here. You are the reason that we have to act now. So, thank you for stepping into this moment and playing a role beyond the role you thought you were going to play – the role of inspiration and a role of determination. We are ready to be inspired and determined.

When we tackle a big challenge like transforming behavioral health, we will always be motivated by what you all do, motivated by your loved ones, motivated by what you've been through. As the First Lady just shared so eloquently, this is personal for each and every one of us. So, thank you and God bless you.

I want to thank Ryan Jensen for welcoming us here and the staff of Parham Hospital. I want to thank HCA. We appreciate the work that you all are doing to address the behavioral health needs of your patients in such an important way.

And yes, I want to thank Pastor Wells. In addition to reminding us how much we rely on God for the success of all of our work, you are an example, you are a reminder that our churches, that our houses of faith have such an important role to play here as well.

The Challenge We Face

Properly addressing mental health and substance use disorder may be one of the most important issues that we will face during my term as Governor.

And it is critically important that we get this right and that we get it right, right now and then we get it moving.

And it is critically important that we get this right. And that we get it right, right now.

All across Virginia – whether in urban or rural communities; in families of all income levels; in our homes, our schools, our places of worship, our workplaces, and particularly amongst our military and our veterans -- **we face a level of mental health and substance use issues never seen before all too often resulting in violence, in suicide and in murder.**

The number of fentanyl and opioid deaths, suicides and murders that have devastated families and communities is simply unprecedented.

The behavioral health crisis is not unique to Virginia. **But let's be clear, here in Virginia, we are in a crisis:**

You or someone that you know has been affected by mental health issues, by the scourge of addiction.

You may have received that unbelievable or unforgettable call that your friend or a child of a loved one has been lost to suicide or overdose.

You may have had a coworker who spiraled out of their job because of anxiety or depression.

God forbid, your family or friends may have been directly impacted by the shootings in Charlottesville or in Chesapeake.

Or you might have simply been seeking help for yourself or for a child but didn't know where to turn.

Frankly, the Commonwealth's behavioral health safety net is not equipped to address the demands that are being placed upon it. The demands that are being placed upon it because Virginians are in need.

In the past few decades, we have seen skyrocketing rates of depression, anxiety and suicidal thoughts, especially among children and teens.

Almost 1.5 million Virginians have some form of mental health challenge. About 340,000 of those have a serious mental illnesses.

And yet, 6 out of 10 adults with any form of mental illness did not receive any form of treatment.

We've seen increases in suicide rates among our youth, active and retired military and rural communities. In 2020, more than 1,200 of our fellow Virginians took their own life.

Our jails, emergency rooms and hospitals are filled with people in mental health or substance use crisis. Law enforcement is overwhelmed. Our teachers are burned out. Our health care heroes are at their wit's end. Parents and families feel lost and alone. Too many Virginians are afraid.

Using data from 2019 and 2020, Mental Health of America just ranked Virginia 48th in youth mental health. That is a decline from 21st the previous year.



*Governor Youngkin begins remarks at the launch of the Right Help. Right Now. behavioral health plan for Virginians.
Official photo by Christian Martinez, Office of the Governor.*

I'm going to repeat that - in one year's time, Virginia's ranking dropped from 21st to 48th in youth mental health. And that is before the impact of the pandemic is taken into consideration.

Despite the incredible amount of knowledge and technology at their fingertips, our young people across Virginia remain incredibly fragile.

Loneliness, depression, suicidal thoughts, anxiety and even addiction are more common today than at any time in the past and are affecting children at a much earlier age.

For some, the response may be to turn to violence, harming themselves or others. And nowhere has this been more clear than the recent murders in Charlottesville and Chesapeake.

According to the National Alliance on Mental Illness, nearly 20% of high school students report serious thoughts of suicide, and last winter there was a 48% increase in emergency room visits for suspected suicide attempts by females between the ages of 12-17.

Others may withdraw into themselves and engage in dangerous or addictive behavior. And the availability of deadly fentanyl, often taken without the user's knowledge, creates an even larger danger.

I have to say how proud I am that this is one of the principal issues the First Lady is focusing on - that's increasing awareness surrounding fentanyl poisoning and truly helping young people make wise choices.

That's why she and our Attorney General, Jason Miyares, launched the 'One Pill Can Kill' public awareness initiative around the dangers of counterfeit drugs and fentanyl.

We have a crisis, and our behavioral health system is not equipped to deal with it.

Our Work is Bipartisan and Based on Best Practices

So the work starts today. The work starts today to stand on the shoulders of a broad, bipartisan effort to strengthen behavioral health in the Commonwealth that has taken place over the last 15 years.

Senators Creigh Deeds, Emmett Hanger, George Barker, John Bell, Barbara Favola, and oh by the way, Senator Dunnivant and so many others along with Delegates Bobby Orrock, Rob Bell, Patrick Hope, who have all done yeoman's work.

Senator Deeds has used his own tragic, personal experience to save the lives of so many others. That is selfless work.

We will continue to build upon that success to ensure that Virginians know where they can access services in their communities and not have to be in a crisis simply to receive them.

However, this time, this challenge calls for much more than evolution – it calls for a revolution.

It's past time for major, systemic changes to our behavioral health system, both public and beyond. We must take a bold approach.

You see, there is no magic wand, there's no single program but rather, true transformation requires a comprehensive, multi-year, Commonwealth-wide effort.

We must start now because Virginians deserve the right help, right now.

Defining the scale of the problem is critical.

We know we have a comprehensive challenge that spans across pre-crisis prevention services to crisis care to post-crisis recovery and support. And of course, we must build a workforce that supports it all.

As Ronald Reagan once said, "A lot of very complex things are very simple -- if you can think them through."

"Together, we can fundamentally change how the Commonwealth approaches behavioral health"

And we think this through in a very very collaborative and thorough way. As we do so it is important to acknowledge key components that we already know:

First, we must build capacity. We must invest more resources and focus on all three areas of pre-crisis prevention services, in-crisis care, and post-crisis recovery and support. To do that, we must make our in-crisis care services work much much better.

While there's been substantial investment in crisis care, we have major capacity gaps in all three areas, particularly when it comes to supporting our young people.

Secondly, while not intentional, we currently spend more time focused on processes and institutions and sometimes forget the people involved. Their journey should drive how we deliver services.

Together, we can fundamentally change how the Commonwealth approaches behavioral health, and we must move from slow evolution to accelerated revolution.

It's going to take all of us and today will be a very big first step.



Governor Youngkin gives remarks. Official photo by Christian Martinez, Office of the Governor.

A Six Pillar Plan for Virginia

Our plan is founded on six pillars. And I ask you to buckle your seatbelt because we're going to go fast.

First, we must strive to ensure same-day care for individuals experiencing behavioral health crises. Same day.

Based on the best-in-class CrisisNow model used in Arizona, we will redesign Virginia's crisis carby doubling mobile crisis teams, increasing crisis receiving center slots by more than 50%; and short-term crisis beds by over 25%.

We are committed to fully funding, in year one, the mobile crisis teams necessary to provide necessary mental health and substance abuse crisis responders to every Virginian across the entire Commonwealth.

We will build out our new 988 crisis hotline to serve as the entry point for people seeking care.

Making sure that people have someone to talk to and a way of getting help quickly – whether at home, school or work.

Our plan builds on best-in-class models to ensure that students get the Right Help at the Right Time, including a \$15 million to expand the elementary, middle and high school-based mental health pilot program launched this past year. Friends we're finding things that work, and we should do much more of them.

We'll include \$9 million in our budget request to expand telehealth psychiatric services in our public schools and on our college campuses.

Again, those pilots worked, and we will do a lot more of them.

And we will develop additional technology infrastructure for our crisis system to better manage information exchange and referral capabilities.

Second, we must relieve the burden on law enforcement and reduce the criminalization of mental health.

Law enforcement has an important role here to protect individuals and communities, but too many Law Enforcement Heroes are sitting in emergency rooms for hours and sometimes days when they could be serving their community.

The average law enforcement officer spends 51 hours on a Temporary Detention Order while the person in crisis, the person who needs help then and there, is often not getting critical mental health treatment that they need desperately.

With an incremental \$9 million yearly, we will fund more law enforcement personnel dedicated to this issue; we will make alternative custody sites available; we will increase funds for alternative transportation; we will allow attending physicians to discharge a Temporary Detention Order when appropriate; and we will provide in-hospital monitoring.

Our Prompt Placement Task Force will further our understanding of previously intractable root causes of placing patients more quickly.

We also know that because of the lack of crisis services throughout the Commonwealth, too many Virginians end up in the criminal justice system because of untreated mental illness or substance abuse. That just adds to the trauma and creates a lifetime of other issues as well. We can change this.

Programs such as Crisis Receiving Centers (CRCs) are essential to ensuring that individuals experiencing a crisis receive timely, safe access to care in their community.

Parham Doctors Hospital has the only Crisis Receiving Center in Henrico County, as you have heard. They in fact serve 3,300 patients annually, and it is 100 percent funded by HCA.

I just want to thank HCA for your commitment to providing these vital mental health services in the community, and we have to stop and all give them a round of applause.

Third, we must develop more capacity throughout the entire system, going beyond hospitals, especially in community-based services.

We know that pre-crisis prevention services help people manage their own symptoms and stay well. Virginia's system must respond to peoples' unique and dynamic journeys to recovery and wellness. In addition, emergency rooms are rarely often not the best place for behavioral health crisis care.

Our plan includes over \$100 million in new crisis services funding – we will develop a CrisisNow Virginia model of care.

We will invest \$58 million to increase the number of Crisis Receiving Centers, including fully funding the number of necessary centers in Southwest Virginia and Hampton Roads – regions that have too often been left behind.

We are going to put \$20 million into mobile crisis units, creating 34 new units – fully funding the recommended level of mobile crisis units.

Our plan also includes \$20 million to contract with hospitals to build out dedicated psychiatric emergency services.

We are clearing a major portion of the Serious Mental Illness housing backlog. I am proposing \$8 million to create an additional 100 placement slots to meet the needs of some of our most vulnerable Virginians, which will allow us to place nearly one-third of those patients who are eligible to be released from a state facility but lack an appropriate place to go.

"We can make Narcan more available and utilize mobile treatment teams to go where they are needed."

Fourth, we must provide targeted support for substance use disorder to prevent overdoses.

In 2021, more Virginians died of overdose than from motor vehicles or gun-related deaths combined. And 76% of those deaths were from fentanyl.

This is something that affects all parts of our Commonwealth – and with more potent forms of fentanyl increasingly appearing in our communities, more individuals are vulnerable to poisoning and overdose.

So, this year I will propose to use the money we've already received from the opioid settlements to launch a \$5 million sustained campaign to reduce fentanyl poisoning among our young people, \$2.8 million to fund Narcan purchases, so there will be an ample supply of Narcan everywhere in this Commonwealth, and \$7 million set aside to work with the General Assembly, under the leadership of Senator Todd Pillion, to implement a comprehensive fentanyl response strategy.

We can make Narcan more available and utilize mobile treatment teams to go where they are needed.

We will reduce the length of time for a treatment center to be licensed by the Department of Behavioral Health and determine whether our existing mental health facilities can be used for private treatment centers.

We believe that recovery is possible, and we must reduce barriers to recovery and reentry into the community.

Fifth, we must make the behavioral health workforce a priority, particularly in underserved communities.

There are a few groups that have been working on this for some time, and I do want to express our deep appreciation for the extraordinary work they do.



First Lady Suzanne Youngkin gives remarks. Official photo by Christian Martinez, Office of the Governor.

The Virginia Health Care Foundation has done incredible work both highlighting the significant need, as well as funding essential services and innovations in our safety net system.

Additionally, the Claude Moore Foundation, led by former Secretary Bill Hazel, has not only identified areas of need but has been deeply involved in creating potential solutions. I want to thank both organizations for your work.

The shortfall of care providers requires that we must rethink our approaches. The mental health crisis has massively impacted our youth; yet, in Virginia, there are only 211 Child and Adolescent Psychiatrists.

I am asking our health care licensing boards to approach this critical situation from an emergency action standpoint and recommend changes to significantly improve the ways we recruit, train and license and retain behavioral health care professionals.

We will also invest in talent with an additional \$8.5 million to support the education of new psychiatrists, psychiatric nurse practitioners and RNs, and other behavioral health workers.

I am also proposing \$9 million for salary increases for our environmental and food-service workers at state hospitals, and we have previously increased security personnel and direct care staff salaries for these facilities.

We must acknowledge the essential role these individuals serve in providing care to our most vulnerable citizens and we have to compensate them accordingly.

There are a number of additional steps either underway or completely new initiatives. They will increase recruiting by reducing the constraints for job placement; we are working towards parity in rates and compensation across private and public sectors' increasing the capabilities for non-BH providers, particularly primary care practices; to provide behavioral health care; and, reducing the administrative burden for providers.

Lastly, we must identify innovations and best practices and run quickly to close capacity gaps.

Medicaid is the largest payer of behavioral health services – almost \$2.4 billion a year on behavioral health care is paid by Medicaid.

The re-procurement of the Medicaid managed care contracts next year will offer us the most unique opportunity and it is important for us to prioritize behavioral health and take advantage of the many best practices from other states. I know we're committed to this and I look forward to that work.

Finally, we must also ensure coverage of mobile crisis services – and to be frank, true mental health parity – for those covered by commercial insurance as well.

Recognizing Individuals with Developmental Disabilities

In our discussion today, we haven't mentioned a group that merits special attention.

Individuals with developmental disabilities and their families have had to navigate a maze of complex rules and long waiting lines to access the care that will allow them to live their lives independently.

We must make the system work better. Funding another big step towards clearing the Priority One Medicaid Developmental Disability Waiver waiting list will be included in my budget requests tomorrow morning.

When I was privileged to take office earlier this year, I was told there were 932 Medicaid DD Waiver slots that were funded but had not been filled yet. Those slots were filled by May.

The legislature funded an additional 600 slots in the current biennium. And I will submit a budget amendment for an additional 500 additional slots to take that additional big step to eliminating the priority one waiting list. That's a \$15 million price tag.

You see the sad reality is that there are over 3,000 Virginians, 3,000 Virginians, on the priority one waitlist and with the increased funding in this proposal, we will clear one-third of the backlog. In my next budget, I will propose additional funding, with the goal - and I hit my goals - of totally eliminating the priority one waiting list by the end of my term.

Behavioral Health Work Force

I do want to take a moment to thank those who have committed their careers to helping others. I have met many psychiatrists, psychologists, nurses, social workers and other direct care providers, and I understand that all of you bring expertise, but you also bring passion to your work, and I also understand the strains and burdens that you face.

Whether you provide care directly to individuals, process paperwork or clean mental health facilities, all of this is noble work. Noble work that is so critically necessary for our time that we are in, and noble work that is so important to our families, our neighbors and our friends. So, I just want to say thank you. Thank you for all that you do.

Conclusion

Friends, our system is not serving Virginians at a critical time of need. We can better support our schools; we can better support our workplaces; we can better support our houses of worship; and, we can better support our communities. I am proposing over \$230 million in additional investments in pre-crisis prevention services, crisis care and post-crisis recovery and support.

When combined with the funding appropriated in the last budget, the budget that we are engaged in right now, this is a giant step forward brings together more than \$660 million to be invested in the next fiscal year. That is amazing.

This plan is premised on best practices and the feedback of thousands of stakeholders and advocates.

It will still require many other actions. We'll take other steps to accomplish our three-year mission of fully transforming our behavioral health services, and we will get this done. It has to be holistic; it has to be a responsive system built on prevention and response and evidence-based treatment. But this is a giant step in that multi-step process.

We have a unique moment. The unique moment is both one in time and need, and it is also one of financial resource. We must make a difference now in the lives of countless Virginians make a difference now in the lives of countless Virginians. and it must start now.

To Virginians Who Are Struggling

Finally, before I end, I want to speak directly to those who are struggling with anxiety, those who are struggling depression, with loneliness or with addiction.

You are not alone.

There are people and resources available to care for you. And if you need help right now, please call 988. Please call 988 so that we can connect you with the right resources.

But I also want to be clear that we all have a role to play, all of us.

I don't want to diminish the importance of trained professionals because clearly, they are critical. But there are many other ways that we all can help. We can support a non-profit like Mental Health of America or the National Alliance on Mental Illness; we can volunteer as a peer educator; we can work on a crisis line; or be trained to use lifesaving Narcan - it takes 15 minutes, go get it done. The First Lady and I did it recently. It is not hard.

And, especially at this time of year, we can reach out to our neighbor or someone you know who is struggling.

It might be the most important thing that we do during this holiday season.

Friends, I want to thank you all again. I want to ask the Lord's blessing on all of you. And I want to encourage us to all to go to work! The time is now. God bless you.



From the Office of Governor Glenn Youngkin